

# ACADEMIC STUDIES ABROAD

## British American College London Application Form

### APPLICATION DEADLINES:

<u>SPRING</u>	<u>SUMMER</u>	<u>FALL</u>
10/15	3/31	6/15

We are thrilled that you have decided to apply to ASA and we have tried to make the application process as easy as possible. Just go through the list below and check off each box as you have completed it.

If you have any questions, please don't hesitate to call or e-mail us! Our phone number is **(888) 845-4ASA**. You can also e-mail us at [info@academicstudies.com](mailto:info@academicstudies.com). We'll be glad to answer any of your questions!

- GPA of at least 2.5**
- The application itself**
- One copy of your college transcript**
- One letter of recommendation**
- Deposit of \$150**  
*Please make checks payable to Academic Studies Abroad.*
- Four passport-sized photos (1 1/2" x 1 1/2")**
- Photocopy of your passport**
- Double-check your application package to make sure it's complete!**

*Please note that students with a GPA that is below 2.5 may still apply but must submit two letters of recommendation instead of one.*

*Our Admission Committee will make a decision about your application as soon as you have sent us all the materials listed. Admissions decisions are normally made within three business days of receiving your complete application.*

### When it's all set, send it to ASA at:

Academic Studies Abroad  
434 Massachusetts Avenue  
Suite 501  
Boston, MA 02118

### QUESTIONS?

Call us toll-free at (888) 845-4ASA  
or  
E-mail us at [info@academicstudies.com](mailto:info@academicstudies.com)

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ASA does not discriminate on the basis of race, color, national origin, disability, age, gender, or religion according to the EEOC guidelines. ASA will not tolerate any form of sexual harassment, including unwelcome sexual advances, vulgar, abusive, humiliating or threatening language, practical jokes, and other inappropriate behavior in the workplace or on any of our programs.

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## I am applying for the following program:

Spring 20\_\_\_\_ Summer 20\_\_\_\_  
Fall 20\_\_\_\_ Academic Year 20\_\_\_\_ - 20\_\_\_\_

## Personal Information

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Permanent Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Permanent Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail address \_\_\_\_\_ GPA \_\_\_\_\_ Year in School \_\_\_\_\_

Current Postal Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Current Home Telephone \_\_\_\_\_ These contact details are valid until \_\_\_\_\_

Date of Birth \_\_\_\_\_ Passport No. \_\_\_\_\_

## Family Information

Your Father's Name \_\_\_\_\_ Father's E-mail Address \_\_\_\_\_

Father's Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Home Telephone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

Your Mother's Name \_\_\_\_\_ Mother's E-mail Address \_\_\_\_\_

Mother's Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Home Telephone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

Who should we contact in an emergency? \_\_\_\_\_ Phone Number \_\_\_\_\_

I would like mail sent to my:

- Permanent address
- Current Address

I would like bills sent to my:

- Permanent address
- Current address
- Father
- Mother
- Financial aid office

I will be paying for the program using:

- My own or my parents' money
- University financial aid
- Personal loan/other financial aid
- Combination of my own money and financial aid

## POLICIES

- ASA, Inc. reserves the right to refuse admittance to the program.
- There will be no refunds for students who leave the program early for personal reasons or are dismissed for misconduct.
- Students who withdraw from a program after the deadline but before the official start date of a program will receive a full refund minus \$1,200.
- Students who withdraw from a program before the application deadline will receive a full refund minus \$50.
- Students who are not admitted onto a program will receive their full deposit back.
- Students who are accepted and participate on a program will have their full deposit applied to the cost of their program.
- If there are any significant inflationary increases in the exchange rate, Academic Studies Abroad reserves the right to increase the price of the program prior to the departure date.
- Students may not study on an ASA program without a valid passport and a visa issued by their country of study (if required).

## Statement of Integrity

I certify that the information provided on this application form is complete, factually true and correct. I understand that all required credentials must be submitted before an admission decision can be made. I accept complete responsibility for requesting that official transcripts and educational records be sent to the Admissions Office. I understand that all application documents submitted are the property of the Academic Studies Abroad and British American College London of Regent's College and cannot be returned or reproduced. I also agree to abide by the rules and regulations of the British American College London.

Signature \_\_\_\_\_ Date (day /month/ year) \_\_\_\_\_

## RELEASE

THE STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_ OF \_\_\_\_\_  
(NAME) (ADDRESS)

In consideration of the benefits accruing to me from Academic Studies Abroad Program (the "program"), and other good and valuable consideration, do hereby release and discharge Academic Studies Abroad and any and all of their agents, employees, or representatives from all actions, suits, claims, or liability for damages or other legal or equitable relief of any nature resulting from, arising out of, or related to my participation in the program (including, without limitation, claims for personal injury or property damage).

In addition, I hereby grant all ASA employees and their agents permission to disclose and release information about me to my current academic advisor at my college/university, as well as to my parents and family.

EXECUTED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_  
STUDENT SIGNATURE

## ACADEMIC CREDITS

**THE FOLLOWING NEEDS TO BE SIGNED BY EITHER THE STUDY ABROAD DIRECTOR OR ACADEMIC ADVISOR AT YOUR SCHOOL TO ENSURE THAT YOU HAVE BEEN APPROVED TO STUDY ABROAD FOR CREDITS.**

I, \_\_\_\_\_ hereby grant permission to \_\_\_\_\_  
STUDY ABROAD DIRECTOR OR ACADEMIC ADVISOR STUDENT NAME

to study abroad with Academic Studies Abroad ("ASA") and I have confirmed with the registrar that credits earned abroad by him/her are transferable to \_\_\_\_\_.  
SCHOOL NAME

\_\_\_\_\_  
SIGNATURE DATE TITLE

**IF YOU DID NOT GET THE "ACADEMIC CREDITS" SECTION SIGNED ABOVE, PLEASE READ AND SIGN BELOW.**

I, \_\_\_\_\_ hereby understand, accept, and acknowledge that by not receiving a  
YOUR NAME

signature in the above "academic credits" section there is no guarantee that I will receive academic credits from my school for the classes I take while abroad. If I do not receive academic credits, I agree to hold Academic Studies Abroad and any of their agents, employees, or representatives harmless and relieve them of any and all liability.

\_\_\_\_\_  
SIGNATURE DATE